



Draft

PIN # _____

Clinic Name _____

Contact _____

Customer Satisfaction Survey

The purpose of this survey is to ensure that our Texas Vaccines For Children providers are receiving the education and materials necessary to provide quality immunization services to the children of Texas. Our goal is to document your concerns, consistently evaluate our Quality Assurance Site Visit process and identify opportunities for technical assistance.

Please complete this survey and return it in the self-addressed, postage-paid envelope provided!

1. Did you receive adequate advance notice of your site visit? ☐ Yes ☐ No

How much?

☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ 4 weeks ☐ >1 month

2. Were preparation instructions provided? ☐ Yes ☐ No

3. How long was the QA reviewer at your facility?

☐ ≤ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ > 4 hours

Was this enough time to meet your staff's needs? ☐ Yes ☐ No

4. Did the reviewer adequately explain the results of questionnaire and provide education before leaving your facility? ☐ Yes ☐ No

Educational/Resource Material provided: _____

5. Will this process help improve your immunization services? ☐ Yes ☐ No

6. How could we improve this process? _____

7. Did the reviewer make recommendations that could improve your clinic's immunization rates?

☐ Yes ☐ No

8. Please rate overall the Quality Assurance Site Visit you received?

Met expectations 1 2 3 4 5 Did not meet expectations

9. What are your training or technical assistance needs? _____

10. Other comments or concerns: _____
